

M21000004891

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W21-38329 cwo

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TALLAHASSEE, FLORIDA

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SALES
APR 9 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2021

CATHY SHOEMAKER
REHMANN
701 SOUTH COLORADO AVE.
STUART, FL 34994

SUBJECT: LASH MEDICAL HOLDINGS, LLC
Ref. Number: W21000038329

We have received your document for LASH MEDICAL HOLDINGS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 821A00006075

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APR 09 2021

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

KLITZMAN LAW GROUP, PLLC

LAKE SHORE PLAZA
1301 INTERNATIONAL PARKWAY
SUITE 120
SUNRISE, FLORIDA 33323

LAWRENCE S. KLITZMAN
LL.M. TAXATION
ALSO ADMITTED IN NEW JERSEY

TELEPHONE 954-384-4421
FACSIMILE 954-389-3579
E-MAIL LSK@KLITZLAW.COM

April 7, 2021

Via FedEx

Registration Section
Division of Corporations
2415 N. Monroe Street,
Suite 810,
Tallahassee, Florida 32303

RE: Lash Medical Holdings, LLC
Ref. Number: W21000038329
Letter Number: 821A00006075

Gentleperson:

In response to your Letter Number: 821A00006075, please find a copy of our Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, a copy of Letter Number: 821A00006075, and a copy of a Certificate of Good Standing issued by the state of Wyoming for Lash Medical Holdings, LLC.

Please return and address all correspondence concerning this matter to the undersigned or to:

Cathy Shoemaker, CPA
Rehmann, CPAs
701 South Colorado Avenue
Stuart, Florida 34994

Best regards,

/s/ Larry

Lawrence S. Klitzman

LSK/gl

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lash Medical Holdings, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Cathy Shoemaker

Name of Person

Rehmann

Firm/Company

701 South Colorado Avenue

Address

Stuart, Florida 34994

City/State and Zip Code

Cathy.Shoemaker@rehmann.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cathy Shoemaker

772

419 - 4025

at (_____) _____

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Lash Medical Holdings, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Wyoming
(Jurisdiction under the law of which foreign limited liability company is organized)

3. _____
(FEI number, if applicable)

4. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S., to determine penalty liability)

5. 701 S. Colorado Avenue
(Street Address of Principal Office)

6. 701 S. Colorado Avenue
(Mailing Address)

Stuart, Florida 34994

Stuart, Florida 34994

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

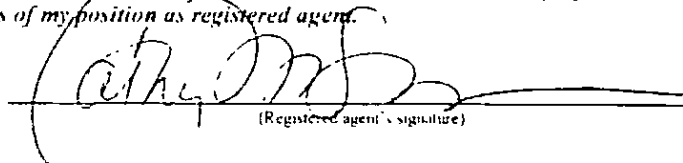
Name: Cathy Shoemaker

Office Address: 701 S. Colorado Avenue

Stuart, Florida 34994
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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TALLAHASSEE, FLORIDA

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

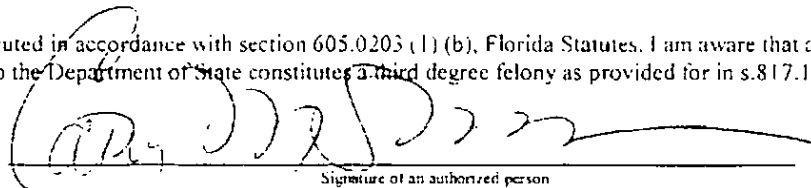
<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: Cathy Shoemaker	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 701 S. Colorado Avenue	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Stuart, Florida 34994	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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TALLAHASSEE, FLORIDA

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Signature of an authorized person

Cathy Shoemaker

Typed or printed name of signer

STATE OF WYOMING
Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

Lash Medical Holdings, LLC

is a


Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 8, 2021**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2021-000986457**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 7th day of April, 2021 at 12:29 PM. This certificate is assigned ID Number 043590021.




Secretary of State

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TALLAHASSEE, FLORIDA

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